

MATERIAL FURNISHED										
JOB TITLE							JOB CONTROL NUMBER			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> CAMERA COPY _____ <input type="checkbox"/> MANUSCRIPT _____ <input type="checkbox"/> NEGATIVES _____</div><div><input type="checkbox"/> MAILING LABELS _____ <input type="checkbox"/> PHOTOGRAPH _____ <input type="checkbox"/> SLIDES _____</div><div><input type="checkbox"/> DISKETTE (Complete GPO Form 952) _____ <input type="checkbox"/> OTHER _____</div></div>							REPRINT <input type="checkbox"/> YES <input type="checkbox"/> NO		FORM OR PUB NO.	
SERVICES REQUESTED										
<input type="checkbox"/> PLANNING CONFERENCE REQUESTED <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> COPY CENTER _____							DATE IN		DATE DUE	
<input type="checkbox"/> GRAPHICS <input type="checkbox"/> PRINTING <input type="checkbox"/> DISTRIBUTION _____										
GRAPHICS/PHOTOGRAPHY										
<input type="checkbox"/> VUGRAPHS _____ Each Total _____			<input type="checkbox"/> B&W COPY _____ Total _____			<input type="checkbox"/> ILLUSTRATION <input type="checkbox"/> COVER <input type="checkbox"/> BROCHURE/FLYER <input type="checkbox"/> LINE ART <input type="checkbox"/> MASTHEAD/STATIONERY <input type="checkbox"/> FORMS <input type="checkbox"/> EXHIBITS (Specify Below) <input type="checkbox"/> OTHER (Specify Below)		COLOR 		<input type="checkbox"/> PROOF By _____ Date _____
<input type="checkbox"/> 35 MM SLIDES _____ Each Total _____			<input type="checkbox"/> COLOR COPY _____ Total _____							
<input type="checkbox"/> CERTIFICATES _____ Total _____		<input type="checkbox"/> MOUNT <input type="checkbox"/> LAMINATE		<input type="checkbox"/> PHOTOGRAPHER (Notes: Date/Time/Location Below) <input type="checkbox"/> PASSPORTS <input type="checkbox"/> B&W <input type="checkbox"/> COLOR <input type="checkbox"/> FILM PROCESS <input type="checkbox"/> PORTRAIT <input type="checkbox"/> PHOTOSTATS <input type="checkbox"/> OTHER (Specify Below) PRINT SIZE _____ X _____			GOVERNMENT ESTIMATE COST		WINNING BID COST	
<input type="checkbox"/> NAME TENTS _____ Total _____		<input type="checkbox"/> POSTER/CHART _____ Total _____ Size _____ X _____					INITIAL/DATE		CODE	
<input type="checkbox"/> NAME TAGS _____ Total _____										
PRINTING/COPYING										
PAGES OF COPY		QUANTITY		PUNCHING NO. OF HOLES SIZE OF HOLES SPACING		TEXT INK PAPER		BINDING		
PRINT <input type="checkbox"/> ONE SIDE ONLY <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT		TRIM SIZE		FOLD TO		COVER <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 INK PAPER		<input type="checkbox"/> COLLATE* <input type="checkbox"/> TAPE* <input type="checkbox"/> STAPLE* _____ <input type="checkbox"/> PADDING <input type="checkbox"/> PERFECT BOUND <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> COMB BINDING* <small>*Inhouse Binding Capability</small>		
DISTRIBUTION/MAILING										
DIST. CONTROL NO.		<input type="checkbox"/> SINGLE MAILING <input type="checkbox"/> MULTIPLE MAILING <input type="checkbox"/> SINGLE/MULTIPLE MAILING			LABEL SOURCE <input type="checkbox"/> FURNISHED LABELS <input type="checkbox"/> CHESIRE <input type="checkbox"/> PRESSURE SENSITIVE <input type="checkbox"/> INK JET <input type="checkbox"/> DDS-MAILING LIST NO. _____ <input type="checkbox"/> OTHERS			POSTAGE CLASSIFICATION <input type="checkbox"/> PRIORITY <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> SPECIAL FOURTH CLASS <input type="checkbox"/> BOOK RATE <input type="checkbox"/> OTHER _____		
CONTRACTOR'S NAME										
SUPPLEMENTARY INSTRUCTIONS										
Operation				Date Rec'd	Date Due	Date Completed				
Copying										
Graphics										
Printing										
Distribution										
TOTAL COST OF DUPLICATING										
DOE Badge No.:										
INITIALS							LOGGED IN BY			
<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> THIS ITEM IS A SCIENTIFIC/TECHNICAL DOCUMENT APPROVED BY PA-1										
DOE REQUESTOR (Sign)				RECEIVED BY			DATE			
DOE REQUESTOR (Print)				ROUTING SYMBOL		ROOM NO.	PHONE NO.	ASSIGNED	FY	JOB CONTROL NO.

INSTRUCTIONS

Customer information The requestor, whose signature appears on the reverse side of this form, certifies that:

- He/she is an employee of the Department of Energy. (Contract Personnel do not have signatory authority).
- This project represents official Government Business necessary to carry out an official assignment.
- Work requested is not copyrighted, or if it is copyrighted, a release has been secured and is attached.
- The maximum lead time has been allowed to minimize cost and guarantee quality.

Any document which is classified as a public communication publication, as prescribed within DOE 1340.1B, must be accompanied by a completed and approved DOE F 1340.3, "Request for Public Communications Publication Approval."

Classified Material If this project involves classified data, a detailed transmittal of classified material must be submitted, before work can be accepted.

Classified material can only be submitted through authorized Branch personnel who hold security clearances.

Classified Material Returned to: *(Signature)*

Date:
